



State of Washington

AFFIDAVIT FOR PROPOSED REFERENDUM MEASURE

State of Washington)
) ss.
County of _____)

I, _____, am a registered voter residing at:
Enter your name as recorded on your voter registration – **Please Print**

Street Address or Rural Route City

County, Washington ZIP Code Telephone No. (w/ Area Code)

I herewith submit a proposed Referendum measure on _____ in the
Legislative Bill Number
form appended hereto and request that the Secretary of State file same and assign a
Referendum number, and do further request that the Attorney General supply a ballot title.

Signature of Sponsor

I certify that I know or have satisfactory evidence that

is the person who appeared before me, and said person acknowledged that
(he/she) signed this instrument and acknowledged it to be (his/her) free and
voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Notary's Signature
Notary Public in and for the state of Washington.

My appointment expires _____

NOTE

The Secretary of State publishes lists of proposed referendums, including sponsor addresses and telephone numbers.
Referendum sponsors may have alternative contact information published by providing the information in the space below.
Please keep in mind that all information provided in this affidavit is public record and is subject to public disclosure.

Address City ZIP Code

Telephone No. (w/ Area Code) Fax No. (w/ Area Code) E-mail